

HMO

Health Maintenance Organizations

3RD ANNUAL REPORT TO THE CONGRESS

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REPORTS

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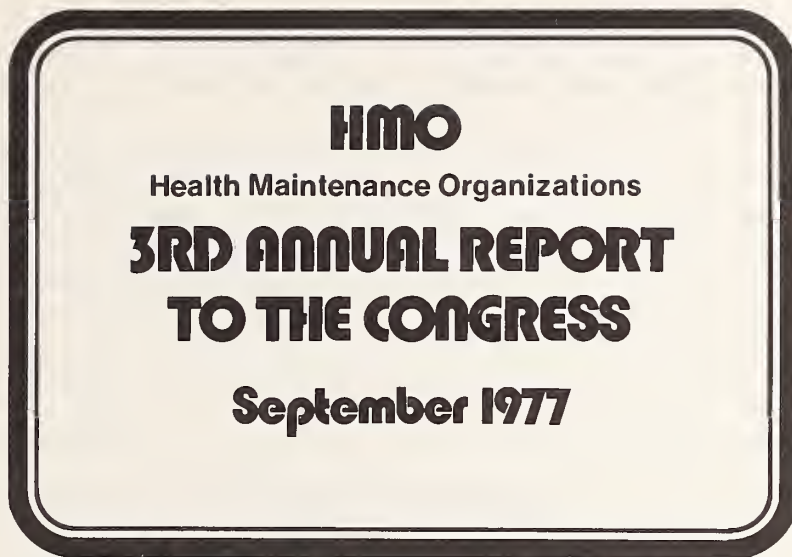
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This Report is submitted to meet the
requirements of Section 1315 of Title XIII
of the Public Health Service Act.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Division of Health Maintenance Organizations
Rockville, Maryland 20857

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CONTENTS

	<u>Page</u>
SUMMARY	1
Highlights of HMO Activities - Fiscal Year 1977	3
HMO OVERVIEW	5
Qualification and Enrollment	5
Grants and Loans	5
Loans and Loan Guarantees	6
Technical Assistance	6
Informational Programs	6
GRANT ASSISTANCE	8
LOAN ASSISTANCE	8
CHARACTERISTICS OF QUALIFIED HMO MEMBERSHIP	20
UTILIZATION DATA	25
FINANCIAL DATA	31
NATIONAL HMO ACTIVITY - 1977 HMO CENSUS	36
PROFILES OF QUALIFIED HMOs	45

Listing of Tables

<u>Table Number</u>	<u>Page</u>
1. Funding by Type of Grant - Fiscal Year 1977	8
2. Summary of Grant Awards under Title XIII of the PHS Act - Fiscal Years 1975-1977	9
3. Summary of Grant Monies Awarded under Title XIII of the PHS Act - Fiscal Years 1975-1977	10
4. HMO Grant Profiles	12
5. Loan Commitments for Fiscal Year 1977	18
6. Distribution of HMO Membership by Size of Plan	20
7. Distribution of HMO Membership by Type of HMO Model .	20

LISTING OF TABLES (Cont'd)

<u>Table Number</u>		<u>Page</u>
8.	Distribution of HMO Membership by Length of Time Operational	21
9.	Distribution of HMO Membership by Payment Source	21
10.	Average Net Increase in Membership per Month by Type of Practice	21
11.	Average Net Increase in Membership per Month by Length of Time Operational	22
12.	Percent Distribution of Qualified HMO Membership by Sex and Model Type	22
13.	Percent Distribution of Qualified HMO Membership by Age and Model Type	23
14.	Ambulatory Encounters per Member per Year by Type of HMO Model and Payment Source	28
15.	Inpatient Hospital Data by Type of HMO Model and Payment Source	29
16.	Income, Expenses, and Deficit per Member Month by Type of HMO Model for Year Ending June 30, 1977	31
17.	Prepaid Health Care Plan Activity by State	37
18.	Number of Prepaid Plans and Total Prepaid Enrollment by Age of Plan - July 1977	39
19.	Number of Prepaid Plans and Total Prepaid Enrollment by Type of Sponsor - July 1977	39
20.	Number of Prepaid Plans and Total Prepaid Enrollment by Type of Practice - July 1977	40
21.	Number of Prepaid Plans and Total Prepaid Enrollment by Size of Plan - July 1977	40
22.	Number of Prepaid Plans and Hospital Days per 1000 Members by Age of Plan - July 1977	41
23.	Number of Prepaid Plans and Hospital Days per 1000 Members by Type of Practice - July 1977	41

LISTING OF TABLES (Cont'd)

<u>Table Number</u>		<u>Page</u>
24.	Number of Prepaid Plans and Hospital Days per 1000 Members by Federal Qualification Status - July 1977 ...	42
25.	Number of Prepaid Plans and Physician Visits per Member by Age of Plan - July 1977	42
26.	Number of Prepaid Plans and Physician Visits per Member by Type of Practice - July 1977	43
27.	Number of Prepaid Plans and Physician Visits per Member by Federal Qualification Status - July 1977	43

Figures

<u>Figure Number</u>		<u>Page</u>
1.	Distribution of HMO Grant Funds by Type of Sponsor - F.Y. 1977	11
2.	Hospital Utilization in Qualified HMOs	26
3.	Ambulatory Encounter Rates in Qualified HMOs	27
4.	Income and Expense per Member Month in Qualified HMOs .	32
5.	Income as a Percent of Expense in Qualified HMOs	33
6.	Comparison of HMO Utilization, Income, Expense, and Deficit by Length of Time Operational	34
7.	Comparison of HMO Utilization, Income, Expense, and Deficit by Type of HMO Model	35

SUMMARY

Section 1315 of the Health Maintenance Organization Act of 1973 directs the Secretary of Health, Education, and Welfare to periodically review the programs of assistance authorized by this title and make an annual report to the Congress summarizing the activities of each program.

The Secretary shall include in such report -

- (1) a summary of each grant, contract, loan, or loan guarantee made under this title in the period covered by the report and a list of the health maintenance organizations which during such period became qualified health maintenance organizations for purposes of section 1310;
- (2) the statistics and other information reported in such period to the Secretary in accordance with section 1301(c)(11);
- (3) findings with respect to the ability of the health maintenance organizations assisted under this title -
 - (A) to operate on a fiscally sound basis without continued Federal financial assistance,
 - (B) to meet the requirements of section 1301(c) respecting their organization and operation,
 - (C) to provide basic and supplemental health services in the manner prescribed by section 1310(b),
 - (D) to include indigent and high-risk individuals in their membership, and
 - (E) to provide services to medically underserved populations, and
- (4) findings with respect to -
 - (A) the operation of distinct categories of health maintenance organizations in comparison with each other,
 - (B) health maintenance organizations as a group in comparison with alternative forms of health care delivery, and
 - (C) the impact that health maintenance organizations, individually, by category, and as a group, have on the health of the public.

The operationally oriented evaluation issues can be met by using existing data sources. However, sections 1315(a)(3)(E), 1315(a)(4)(B), and 1315 (a)(4)(C), which require specific annual reports to the Congress, necessitate more sophisticated data collection procedures than are presently available. To assist in developing an acceptable procedure for collecting the necessary data, the Health Services Administration convened a panel of technical experts. The panel has recommended an annual survey approach. However, because of the complex nature of the comparative evaluation required by section 1315, it was decided to undertake a feasibility study before undertaking an annual survey. Such a feasibility study would:

1. develop an appropriate survey design,
2. examine the appropriateness of different data collection techniques,
3. determine the precision of each data collection procedure,
4. estimate the annual cost for each data collection procedure, and
5. identify problems that might be encountered in collecting the data.

The Health Services Administration has awarded a contract for such a feasibility study and the results of the study will be forthcoming during F.Y. 1978.

As of the end of F.Y. 1977, the stipulations of the Act have been met by 43 qualified HMOs. Thirty of these organizations have submitted detailed statistics on membership, utilization, and finances as of June 30, 1977. No Federal loan recipient has passed the drawdown period after which loan repayment begins and financial breakeven is projected to have been reached. Data reported by several plans for seven consecutive quarters show that they are making progress toward reaching breakeven. Based on available data, those projects with operating deficits are also making progress towards financial breakeven as expected.

One qualified HMO was notified that corrective action was necessary in order to be in compliance with the fiscal viability requirement of the HMO Act. An acceptable action plan was submitted, and the plan has been performing in accord with that plan. All plans are monitored to assure their continued compliance with respect to operations, provision of services, and financial viability.

Highlights of HMO Activities - Fiscal Year 1977

- . As of September 30, 1977, 43 HMOs have been designated as qualified under the HMO Act. Twenty-five of these HMOs were qualified during F.Y. 1977.
- . Seventeen loans totaling \$33,179,000 and two loan guarantees totaling \$2,282,000 were committed during F.Y. 1977.
- . There was an average net increase of 394 members per month for each of 30 qualified HMOs reporting to DHEW in F.Y. 1977.
- . Hospital inpatient days per 1,000 members per year were 386 in group model HMOs, 405 in staff model HMOs, and 600 in IPAs. These figures are from 19 qualified HMOs reporting for all four quarters of F.Y. 1977.
- . Ambulatory encounters per member per year were 4.3 for group model HMOs, 4.5 for staff model HMOs, and 4.6 for IPAs, based on data from 19 HMOs reporting for all four quarters of F.Y. 1977.
- . Qualified HMOs with operating deficits are making progress toward becoming able to operate without continued Federal financial assistance.

HMO OVERVIEW

During F.Y. 1977, HMO program action continued in the areas of financial support for projects which met the criteria for continued support and in the qualification of HMOs which met the requirements of Section 1310 of the HMO Act and applicable regulations. Other program actions to stimulate HMO growth included technical assistance to Federally assisted HMOs, promotional activities and coordination with State and other Federal agencies to stimulate national HMO growth and development.

Prospects for the accelerated development and growth of HMOs were improved by the enactment, early in the fiscal year, of P.L. 94-460, the HMO Amendments of 1976. These amendments alleviated a number of restrictions in the initial Act, and have already served to attract new interest in participation in the Federal program, particularly on the part of established HMOs.

Qualification and Enrollment

There are 167 prepaid health plans, including qualified HMOs, with a total enrollment of about 6.4 million people. (See Table 17)

Forty-three plans have been qualified, and there are an additional 39 applicants awaiting qualification review. Operating reports show that these qualified HMOs have demonstrated effective controls on utilization. Technical assistance has been provided to those HMOs which have encountered problems in their early operations.

It is anticipated that by January 1978, approximately 50 HMOs will be qualified by the Federal Government, with a total enrollment of almost four million members.

Grants and Loans

During the fiscal year ending September 30, 1977, 46 grants totaling \$16,947,329 were awarded for the development of HMOs. Of these grants, 26 for \$14.5 million were awarded for initial development, the final phase in the process of becoming an operational qualified HMO. Fifteen planning grants for approximately \$2.2 million were awarded to organizations that were in the initial planning stages of HMO development. Five grants for approximately \$.2 million were given to organizations seeking to demonstrate HMO feasibility. These feasibility grants were supplemental awards to organizations already in the feasibility phase. No feasibility awards were made in F.Y. 1977 to new applicants seeking to develop new HMOs.

With the awarding of \$16.9 million in F.Y. 1977, the total investment in HMO development since F.Y. 1975, the year the first awards were made by the Federal Government, is \$57.6 million.

Most of the grants awarded for HMO development in this fiscal year (26) were provided to consumer groups. Physician organizations received 13 grant awards, private groups received 1, and hospitals received 6, for the second or third phase of HMO development.

Medical groups and individual practice associations or medical foundations, at 22 and 24 grants respectively, were the major types of HMOs being developed.

Loans and Loan Guarantees

In F.Y. 1977, there were 17 loans and 2 loan guarantees approved by the Federal Government for those qualified HMOs seeking funds to offset their initial operating expenses. This brings the total to \$61 million in loans and \$2.3 million in loan guarantees that have been approved since 1975. The highest interest rate charged was 9.21 percent and the lowest was 7.25 percent.

Technical Assistance

Technical assistance is available for all grantees, including operating, qualified HMOs. Assistance is provided by both the Central Office staff in Washington, D.C. and the 10 DHEW Regional Offices located throughout the United States. Additional specialized assistance, when required, has been made available through consultants skilled in HMO operations. During F.Y. 1977, marketing and communications seminars were offered to grantees at five different locations throughout the country to assist them in developing improved relations with various components of their communities.

Informational Programs

The Division of Health Maintenance Organizations intensified its informational programs in F.Y. 1977. Routine telephone and written requests averaged more than 350 per month and as a result, 2,400 informational brochures were mailed each month. Program emphasis was again placed on labor and management organizations and the associations representing them.

The Division developed many conferences during the year under the sponsorship of private sector groups. These included national organizations such as the Washington Business Group on Health, U.S. Chamber of Commerce, and the International Foundation for Employee Benefit Plans, as well as regional, State, and local groups. These associations represent all major industrial firms in the United States. The same cooperation was provided to the Division by labor, health insurers, and medical professional organizations. Representatives from all groups also participated in dozens of

conferences throughout the nation. These meetings included representatives from large employer groups such as General Motors, Ford Motor Company, and U.S. Steel, as well as representatives from the AFL-CIO, United Mine Workers, and the Teamsters Union.

HMO Division staff has helped develop and has participated in several radio and television interviews and numerous newspaper and magazine articles to assist in providing the consumer with information regarding HMOs. These interviews and articles have played an important role in the HMO information program and such activities will be expanded in the next fiscal year.

GRANT ASSISTANCE

To date, 290 grants totaling \$57,579,969 have been awarded under Title XIII of the Public Health Service Act. Slightly over 10 percent (10.3) of the funds awarded were for feasibility studies, 19.2 percent for planning, and 70.5 percent for initial development.

During F.Y. 1977, a total of \$16,947,329 in grant monies was awarded as prescribed by the HMO Act. Table 1 shows a breakdown of the amount of money awarded by type of grant.

Table 1. Funding by Type of Grant - F.Y. 1977

	Number of Grants Awarded	Total Amount Awarded
All Grants	46	\$16,947,329
Feasibility	5	208,686
Planning	15	2,223,133
Initial Development	26	14,515,510

Three of the above grants totaling \$849,991 were awarded to qualified HMOs for expansion of their membership and/or service areas.

Fourteen and one-half percent of this money was awarded to projects serving nonmetropolitan areas and 28 percent to projects serving areas designated as medically underserved. Figure 1 shows that more than half of this money was awarded to consumer-sponsored organizations. Table 2 gives a description of each grant awarded during F.Y. 1977. Tables 2 and 3 give detailed breakdowns of Title XIII grant funding to date.

LOAN ASSISTANCE

To date, 34 HMOs have received loan assistance under Title XIII of the Public Health Service Act. Thirty-two of these organizations have received direct loan commitments totaling \$60,957,000 and two HMOs have received loan guarantee commitments of \$2,282,000.

During F.Y. 1977, 17 loans totaling \$33,179,000 were committed and two loan guarantees totaling \$2,282,000 were signed. Table 5 gives a description of each loan or loan guarantee made during this period.

TABLE 2

SUMMARY OF GRANT AWARDS UNDER TITLE XIII OF THE PHS ACT
FISCAL YEARS 1975 - 1977

<u>Description</u>	<u>Awards</u>		
	F.Y. 1975 Total	F.Y. 1976 Total	F.Y. 1977 Total
<u>Totals</u>	<u>172*</u>	<u>72*</u>	<u>46*</u>
<u>Sponsor</u>			
Consumer	83	34	26
Public	5	2	0
Hospital	23	9	6
Physician	47	22	13
Private	8	4	1
Medical School	6	1	0
Unknown	0	0	0
<u>Practice</u>			
Group	95	37	22
Individual	76	26	24
Undecided	2	0	0
<u>Grant Type</u>			
Feasibility	108	11	5
Planning	31	41	15
Initial Development	33	20	26
Supplemental	7	25	25
<u>Medically Underserved Areas</u>	25	10	13
<u>Non-Metropolitan</u>	31	15	9
<u>Amounts Awarded</u>	\$22,462,300	\$18,170,340	\$16,947,329

*Grant awards exceed the number of organizations. Projects advancing to the next level of funding receive new awards. F.Y. 1975 totals are for 172 awards to 157 grantees, excluding 7 supplemental grants (2 planning, 5 initial development). F.Y. 1976 totals are for 72 awards to 64 grantees, excluding 25 supplements (3 feasibility, 2 planning and 20 initial development). F.Y. 1977 totals are for 46 awards to 42 grantees, excluding 25 supplements (1 feasibility, 11 planning, and 13 initial development). All dollar amounts include supplemental grants.

TABLE 3: SUMMARY OF GRANT MONIES AWARDED UNDER TITLE XIII OF THE PHS ACT
FISCAL YEARS 1975 - 1977

	F.Y. 1975	F.Y. 1976	F.Y. 1977	F.Y. 1975 - 1977
<u>ALL GRANTS</u>				
Number of grants awarded	172	72	46	290
Total dollars awarded	\$22,462,300	\$18,170,340	\$16,947,329	\$57,579,969
<u>TYPE OF GRANT</u>				
<u>Feasibility</u>				
Number of grants awarded	108	11	5	124
Total dollars awarded	\$ 5,196,281	\$ 509,370	\$ 208,686	\$ 5,914,337
<u>Planning</u>				
Number of grants awarded	31	41	15	87
Total dollars awarded	\$ 3,758,745	\$ 5,080,602	\$ 2,223,133	\$11,062,480
<u>Initial Development</u>				
Number of grants awarded	33	20	26	79
Total dollars awarded	\$13,507,274	\$12,580,368	\$14,515,510	\$40,603,152

Figure 1

**DISTRIBUTION OF HMO GRANT FUNDS
BY TYPE OF SPONSOR**

FY 1977

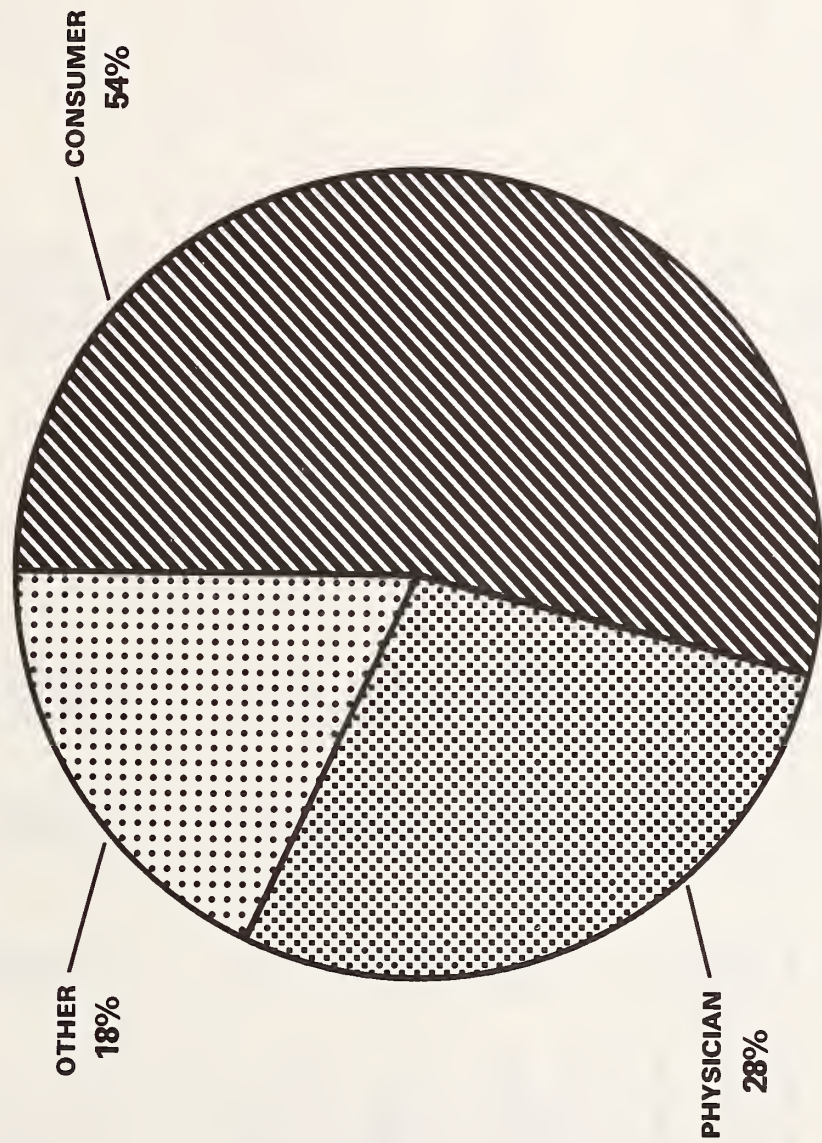


Table 4: HMO GRANT PROFILES

Table 4: HMO GRANT PROFILES							
KEY:		ID-Initial Development	GRP-Group Practice	CON-Consumer			
		F-Feasibility	IPA-Closed Panel	Q-Qualified			
		P-Planning	PRI-Private	(s) Supplemental			
		A-Active	PHY-Physician	(x) Expansion			
			HOSP-Hospital	I-Inactive			

TYPE OF GRANT		MODEL	SPONSOR	NON-METRO	FY 77 GRANT FUNDING	LOANS COMMITTED IN FY 77 (000s)	STATUS

REGION I							
Connecticut							
• Connecticut Health Plan	ID	GRP	CON		\$146,108(s)	\$2,500	Q
Massachusetts							
• Fallon Community Health Plan	ID	GRP	PHY		690,026	-0-	A
New Hampshire							
• Matthew Thornton	ID	GRP	PHY	X	745,246	-0-	A

REGION II							
New Jersey							
• CoMED	P	IPA	HOSP		40,232	-0-	A
"	ID	IPA	HOSP		390,040	-0-	A
• Crossroads	ID	IPA	PHY		407,000	-0-	A
• Group Health Plan	ID	GRP	CON		7,551(s)	2,478	Q
New York							
• C. H. Plan of Suffolk	ID	GRP	CON		990,226	-0-	A
• Health Care Plan	P	GRP	CON	X	125,000	-0-	A
"	P	GRP	CON	X	25,325(s)	-0-	A
"	ID	GRP	CON	X	990,658	-0-	A

Table 4: HMO GRANT PROFILES (Cont'd)

	TYPE OF GRANT	MODEL	SPONSOR	NON- METRO	MUA	FY 77 GRANT FUNDING	LOANS COMMITTED IN FY 77 (000s)	STATUS
New York (Cont'd)								
. Sidney Hillman (Rochester)	P	IPA	CON			\$ 75,000(s)	-0-	A
. Western New York	F	IPA	CON			75,000	-0-	A
"	P	IPA	CON			8,751(s)	-0-	A
REGION III								
Maryland								
. Baltimore Regional Health Plan	P	IPA	CON			49,312	-0-	A
. East Baltimore Community Corp.	F	GRP	CON			10,000	-0-	A
. Metro Baltimore Health Care	ID	GRP	CON			580,671	-0-	A
"	ID	GRP	CON			113,640(s)	-0-	A
. Prince Georges Health Services	ID	IPA	PHY			477,320	-0-	A
Pennsylvania								
. Eastern Pa. HMO	P	IPA	CON			125,000	-0-	A
"	ID	IPA	CON			474,439	-0-	A
. Greater Delaware Valley	ID	IPA	CON			365,352	-0-	A
. HMO of Pennsylvania	ID	IPA	CON			122,850(s)	-0-	Q
"	ID	IPA	CON			115,720(s)	-0-	Q
. Country Roads	P	GRP	CON	X	X	149,024	-0-	A

Table 4: HMO GRANT PROFILES (Cont'd)

	TYPE OF GRANT	MODEL	SPONSOR	NON- METRO	MUA	FY 77 GRANT FUNDING	LOANS COMMITTED IN FY 77 (000s)	STATUS
<u>REGION IV</u>								
Florida								
• CHI Health Plan, Inc.	P	IPA	CON		X \$	70,225	-0-	A
• Prepaid Health Care	ID	GRP	CON		X	1,000,000	-0-	A
Georgia								
• Decatur Church of Christ	P	GRP	CON			125,000	-0-	A
"	P	GRP	CON			69,250(s)	-0-	A
Kentucky								
• Health Care of Louisville	ID	GRP	CON		X	752,715(x)	-0-	Q
• Laurel River HMO	P	IPA	CON	X	X	125,000	-0-	A
Tennessee								
• Mid-South	P	IPA	CON		X	124,850	-0-	A
<u>REGION V</u>								
Illinois								
• Anchor Organiza- tion for HMO	ID	GRP	HOSP			135,892(s)	-0-	A
• Sidney Hillman Health Center	F	GRP	CON			17,310	-0-	I

Table 4: HMO GRANT PROFILES (Cont'd)

REGION V (Cont'd)		TYPE OF GRANT	MODEL	SPONSOR	NON-METRO	MUA	FY 77 GRANT FUNDING	LOANS COMMITTED IN FY 77 (000s)	STATUS
Michigan									
	Health Central, Inc.	ID	GRP	CON			\$ 910,000	-0-	A
	Tri-County (Genesee)	F	IPA	PHY			9,100(s)	-0-	A
	"	P	IPA	PHY			151,033	-0-	A
	Comprehensive Health Services of Detroit	ID	GRP	CON		X	266,080	-0-	A
Minnesota									
	GHANEM	ID	GRP	CON	X	X	300,000	-0-	A
Ohio									
	Buckeye Health	P	IPA	PHY		X	59,631	-0-	A
	"	P	IPA	PHY		X	55,746(s)	-0-	A
	"	P	IPA	PHY		X	50,349(s)	-0-	A
	CHP of West Central Ohio	ID	IPA	HOSP	X		207,767	-0-	A
	"	ID	IPA	HOSP	X		86,000(s)	-0-	A
	Marion Health Plan	F	IPA	PHY	X		74,936(x)	\$681	A
	Toledo Health Plan	ID	GRP	CON			100,000	-0-	A
Wisconsin									
	Family Health Plan	P	GRP	CON			36,415(s)	-0-	A
	Group Hlth Coop. of S. Cent. Wisconsin	P	GRP	CON			125,000	2,500	Q

Table 4: HMO GRANT PROFILES (Cont'd)

	TYPE OF GRANT	MODEL	SPONSOR	NON- METRO	MUA	FY 77 GRANT FUNDING	LOANS COMMITTED IN FY 77 (000s)	STATUS
<u>REGION VI</u>								
Louisiana								
• HMO of Baton Rouge	ID	GRP	PHY			\$ 902,296	-0-	A
Texas								
• Group Health of El Paso	ID	GRP	CON			133,557	-0-	A
• Health Prepaid	P	IPA	CON			124,916	-0-	A
• Metroplex (Metro Care)	ID	IPA	PRIV			569,551	-0-	A
• S.W. Medical Plan	ID	GRP	HOSP			744,048	-0-	A
• Tarrant	P	IPA	PRIV			75,000(s)	-0-	A
<u>REGION VII</u>								
Nebraska								
• Community Health Care	P	GRP	CON			73,394(s)	-0-	A
<u>REGION VIII</u>								
Colorado								
• Choice Care	F	IPA	PHY	X		22,340(x)	-0-	Q
• San Luis Valley	ID	IPA	PHY	X	X	63,547(s)	-0-	A
"	ID	IPA	PHY	X	X	38,796	-0-	A
Montana								
• South East Montana	P	IPA	PHY	X	X	12,500(s)	-0-	A

Table 4: HMO GRANT PROFILES (Cont'd)

	TYPE OF GRANT	MODEL	SPONSOR	NON- METRO	MUA	FY 77 GRANT FUNDING	LOANS COMMITTED IN FY 77 (000s)	STATUS
<u>REGION VIII (Cont'd)</u>								
North Dakota								
• West River	ID	IPA	PHY	X	X	\$ 570,923	-0-	A
<u>REGION IX</u>								
California								
• Foundation Health Plan	ID	IPA	PHY			131,420(s)	-0-	Q
"	ID	IPA	PHY			73,795(s)	-0-	Q
"	ID	IPA	PHY			40,000	-0-	Q
"	ID	IPA	PHY			90,000(s)	-0-	Q
• HEALS (Alta Bates)	P	IPA	HOSP			150,930	-0-	A
• Pacificare	ID	IPA	HOSP			417,000	-0-	A
• Sierra HMO	P	IPA	HOSP	X		71,250(s)	-0-	A
• South L.A. Community Health Plan	ID	GRP	CON			90,000	-0-	A
"	ID	GRP	CON			90,000(s)	-0-	A
<u>REGION X</u>								
Idaho								
• GEM Health	ID	GRP	CON			185,276(s)	1,747	Q
• Idaho Foundation Medical Care	P	IPA	PHY			125,000	-0-	A

TABLE 5: LOAN COMMITMENTS FOR F.Y. 1977

Name of Plan	Date of Loan Commitment	Amount of Loan
Community Group Health Plan, Inc. (Prime Health) Kansas City, Missouri	11/24/76	\$2,273,000
Health Alliance of Northern California San Jose, California	11/24/76	2,342,000
Marion Health Foundation Marion, Ohio	8/15/77	681,000
Capital Area Community Health Plan, Inc. Albany, New York	12/04/76	1,832,000
Central Essex Health Plan East Orange, New Jersey	12/13/76	2,178,000
Metro Health Plan of Indianapolis Indianapolis, Indiana	1/26/77	1,264,000
Family Health Services Pomona, California	2/22/77	2,500,000
Connecticut Health Plan Bridgeport, Connecticut	2/25/77	2,500,000
Portland Metro Health Portland, Oregon	3/04/77	1,500,000
GEM Health Association, Inc. Boise, Idaho	5/23/77	1,747,000

TABLE 5: LOAN COMMITMENTS FOR F.Y. 1977 (CONTINUED)

Name of Plan	Date of Loan Commitment	Amount of Loan
HMO of Pennsylvania Willow Grove, Pennsylvania	6/15/77	\$2,500,000
Group Health Cooperative of South Central Wisconsin Madison, Wisconsin	6/15/77	2,500,000
Group Health Plan of New Jersey Guttenberg, New Jersey	6/23/77	2,478,000
Florida Health Care Plan, Inc. Daytona Beach, Florida	7/01/77	612,000
American Health Plan North Miami Beach, Florida	8/11/77	(Loan Guarantee) 1,182,000
Sound Health Association Tacoma, Washington	8/26/77	1,272,000
Cooperative Health Plan of Greater Spokane Spokane, Washington	8/30/77	2,500,000
Group Health Plan of Southeast Michigan Detroit, Michigan	8/31/77	2,500,000
AV-MED Health Plan Miami, Florida	9/23/77	(Loan Guarantee) 1,100,000

CHARACTERISTICS OF QUALIFIED HMO MEMBERSHIP

As of July 30, 1977, 30 of the 43 qualified HMOs were required by regulation to report quarterly to DHEW on their membership, utilization, and finances. Thirteen HMOs had not been qualified long enough to report. These 30 HMOs ranged in size from a low of 291 members to a high of 30,817 and had a total of 306,027 members. Their median membership was 8,429. Approximately 6 percent of the qualified HMO membership was enrolled in plans with less than 5,000 members, with the remainder of the membership fairly evenly distributed in HMO size categories as shown below:

Table 6: Distribution of HMO Membership by Size of Plan

	<u>Number of Plans</u>	<u>Percentage of Total HMO Membership</u>
All Qualified HMOs	30	100
Less Than 5,000 Members	7	6
5,000 - 9,999 Members	11	26
10,000 - 14,999 Members	7	27
15,000 - 24,999 Members	3	22
25,000 or More Members	2	19

Staff model HMOs have almost half of the total membership in qualified HMOs. The remaining membership is divided between group practice and individual practice associations as shown in the following table:

Table 7: Distribution of HMO Membership by Type of HMO Model

	<u>Number of Plans</u>	<u>Percentage of Total HMO Membership</u>
All Qualified HMOs	30	100
Group Practice HMOs	9	33
Individual Practice HMOs	6	19
Staff Model HMOs	15	48

Twenty-eight percent of the qualified HMO membership is enrolled in 14 plans that have been operational for less than 3 years. Three of the qualified HMOs have been operational for more than 5 years and contain 22 percent of the total qualified HMO membership. Fifty percent of the members of the qualified HMOs are in plans that have been operational from 3 to 5 years.

Table 8: Distribution of HMO Membership by Length of Time Operational

	<u>Number of Plans</u>	<u>Percentage of Total HMO Membership</u>
All Qualified HMOs	30	100
Less Than 1 Year	5	6
1 Year but Less Than 3 Years	9	22
3 Years but Less Than 5 Years	13	50
5 or More Years	3	22

Eighty-four percent of all HMO membership is employer group based. If Federal employees are included with other employer groups, then 90 percent of all qualified HMO membership is employer group based.

Table 9: Distribution of HMO Membership by Payment Source

	<u>Number of Plans With Type of Contract(s)</u>	<u>Percentage of Total Qualified HMO Membership</u>
Employer Group	30	84
Medicaid	9	6
Medicare	7	1
Federal Employee Health Benefit Plan	7	6
Non-Group	24	3

The indigent and high-risk population, as represented above by the Medicaid, Medicare, and non-group membership, comprises approximately 10 percent of the total qualified HMO membership.

The average net increase in HMO members per month for all HMOs was 394 for the year ending June 30, 1977. The highest rate of increase was in group practice-type HMOs.

Table 10: Average Net Increase in Membership per Month by Type of Practice

<u>Type of Practice</u>	<u>Number of Plans</u>	<u>Average Increase</u>
All Plans	30	394
Group	9	440
IPA	6	292
Staff	15	406

As the following table demonstrates, there is a noticeable relationship in the length of time an HMO has been operational and its average net increase in membership per month.

Table 11: Average Net Increase in Membership per Month
By Length of Time Operational

<u>Length of Time Operational</u>	<u>Number of Plans</u>	<u>Average Increase</u>
All Plans	30	394
Less Than 1 Year	5	501
1 to 3 Years	9	407
3 to 5 Years	13	367
5 or More Years	3	294

Newer HMOs tend to have a larger net increase in membership per month. The two primary factors contributing to this faster growth are: 1) a heavier emphasis on marketing, and 2) their memberships have not stabilized to a point where normal turnover is experienced.

The individual practice association tends to have more members over age 65 and a higher proportion of females. These factors contribute to the IPA's higher utilization which is discussed later in this report. Tables 12 and 13 give detailed age and sex data on qualified HMO membership.

Table 12: Percent Distribution of Qualified HMO
Membership* by Sex and Model Type

	<u>Total</u>	<u>Male</u>	<u>Female</u>
All Plans	100.0	48.2	51.8
Group	100.0	49.1	50.9
IPA	100.0	47.0	53.0
Staff	100.0	48.4	51.6

*Based on age/sex distribution of membership as reported by 22 qualified HMOs that were required to submit this data. As of June 30, 1977, 8 HMOs were not required to submit this report.

TABLE 13: PERCENT DISTRIBUTION OF QUALIFIED HMO MEMBERSHIP* BY AGE AND MODEL TYPE
JULY 31, 1976 - JUNE 30, 1977

Type of HMO Model	Total	<u>Age Category</u>					Unknown
		0-14	15-24	25-44	45-64	65+	
All Plans	100.0	28.3	19.2	34.4	15.9	2.1	.1
Group	100.0	27.7	20.2	34.5	15.9	1.7	-
IPA	100.0	28.5	19.9	31.9	15.9	3.4	.4
Staff	100.0	28.4	18.4	35.7	15.9	1.5	.1

*Based on age/sex distribution of membership as reported by 22 qualified HMOs that were required to submit this data. As of June 30, 1977, 8 HMOs were not required to submit this report.

UTILIZATION DATA

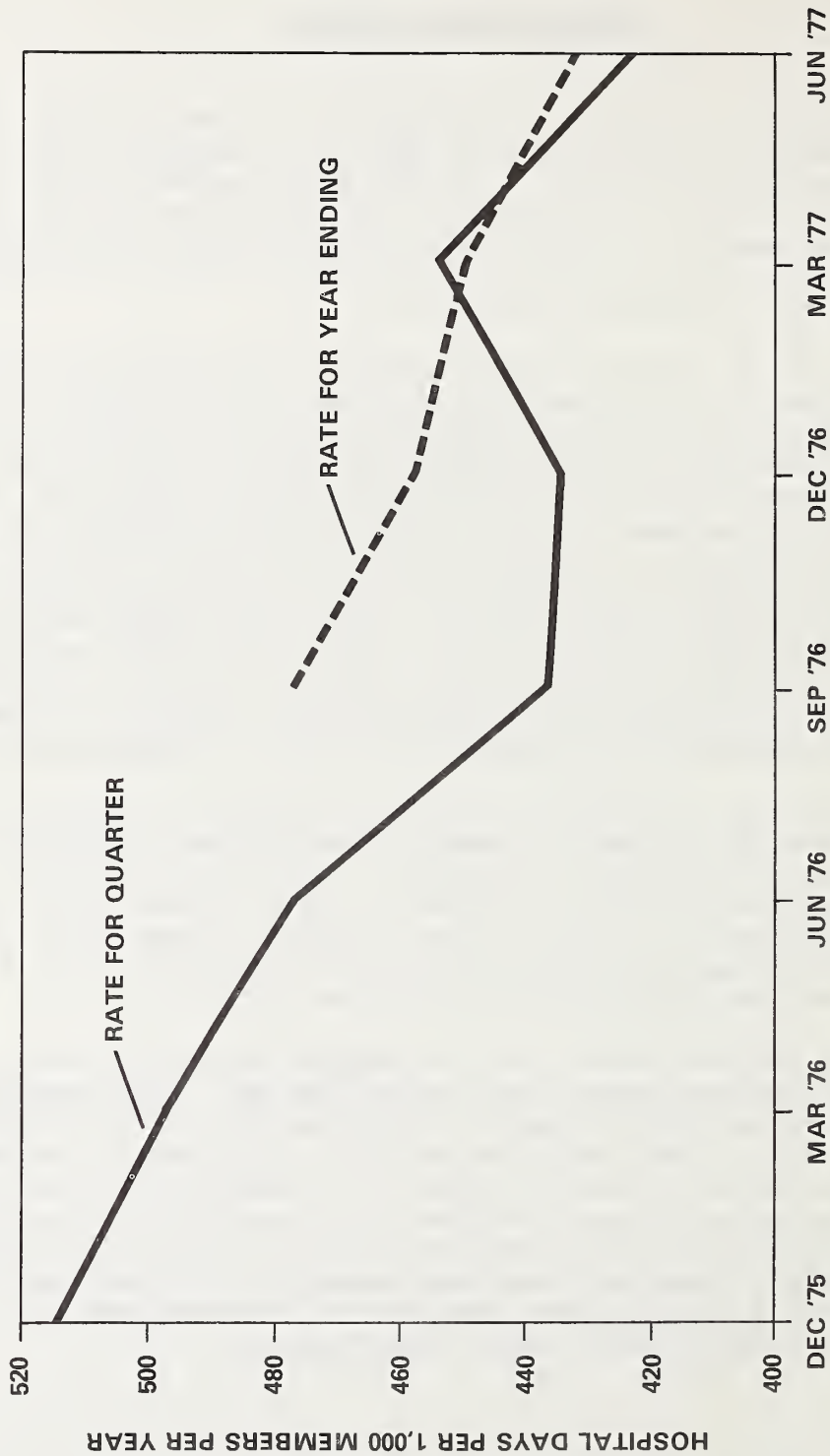
The utilization data presented in this report, with the exception of trend data, are based on information from 19 HMOs that reported for each quarter of the year ending June 30, 1977. The data are presented in this manner so that seasonal effects are minimized. The 19 HMOs that reported for the entire year are composed of 7 group models, 3 IPAs, and 9 staff models. The trend data referred to later in this report are based on 6 HMOs that have reported for 7 consecutive quarters.

Because of a lack of available age/sex specific utilization data, the figures presented in this report have not been age/sex adjusted. Table 15 shows that the average length of hospital stay has a major effect on the difference between group and staff model HMO inpatient utilization rates. The average length of stay is about 8 percent higher in the staff model HMO than in the group model HMO and accounts for the difference in the utilization rate since the discharge rates are identical. The IPA has an average length of stay about 30 percent lower than the group model; however, the admission/discharge rate of the IPA is more than double that of the group/staff model HMOs. The net effect is an IPA inpatient utilization rate about 45 percent higher than that of the group model. It is obvious that some of the increased IPA utilization rate is caused by the age/sex mixture of the membership which exposes the IPA to a slightly higher risk.

To present some idea of trends in hospital utilization, a graph of hospital utilization rates by quarter for those 6 plans that have reported for at least 7 quarters is included. (See Figure 2) Note that the overall trend in hospital utilization rates is downward. Figure 6 shows that in those plans that reported for the entire year, hospital utilization is virtually the same in those that have been operational for more than 3 years and those that have been operational for less than 3 years.

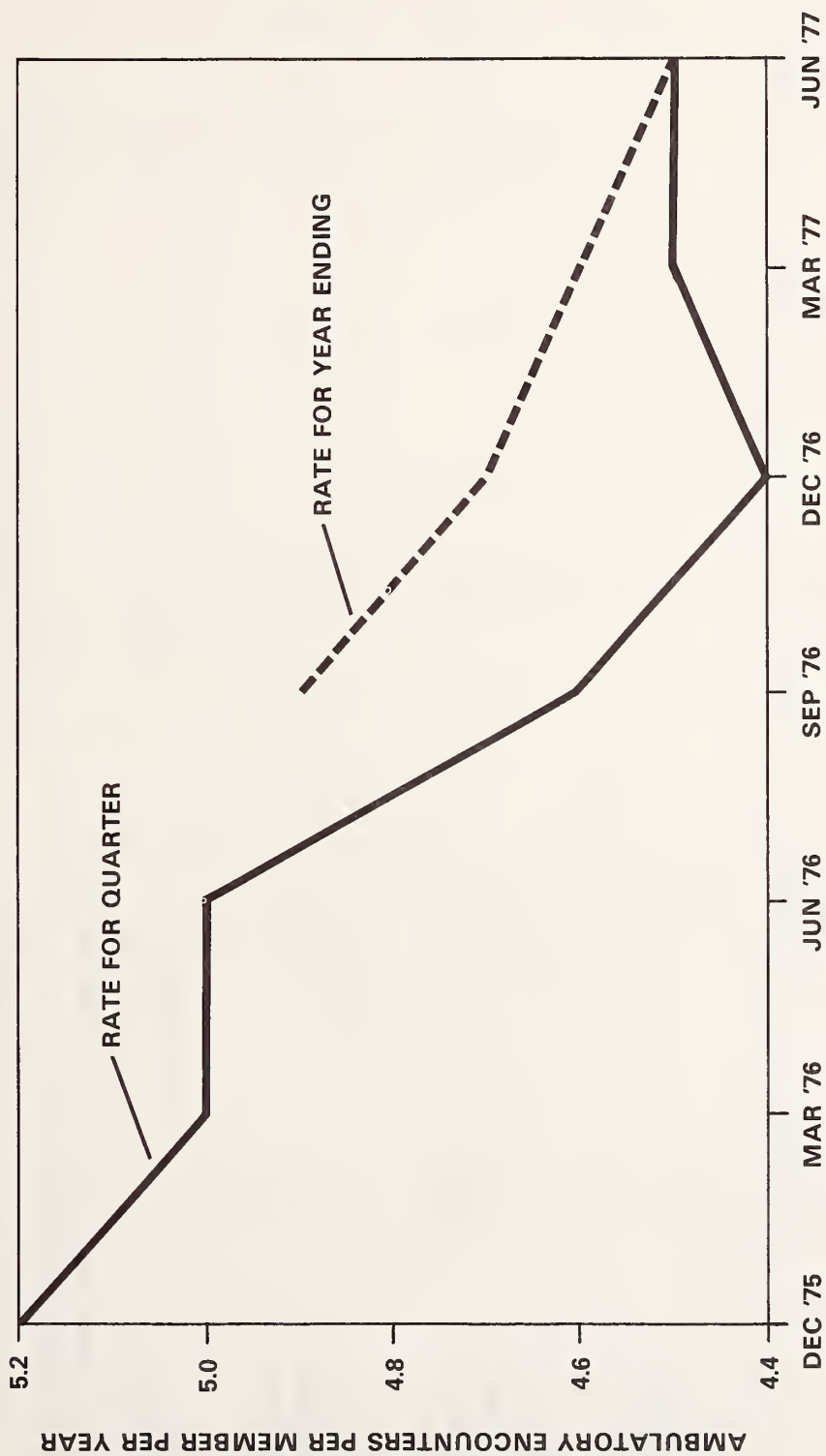
The ambulatory encounter rate, like the hospital utilization rate, is highest in the IPA and lowest in the group model HMO. When Medicaid and Medicare members are not considered, the IPA encounter rate is identical to that of the group model HMO. (See Table 14) The trend in the ambulatory encounter rate, as can be seen in Figure 3, is downward, just as is the hospitalization rate in those plans that have reported for 7 quarters. In the 19 qualified HMOs that have reported for at least a year, the encounter rate for those that have been operational for less than 3 years is approximately 20 percent lower than that of the plans that have been operational for longer than 3 years. (See Figure 6)

Figure 2
HOSPITAL UTILIZATION IN QUALIFIED HMOs*



* BY QUARTER AND ONE YEAR MOVING AVERAGES
 (data from qualified HMOs that have reported for 7 consecutive quarters)

Figure 3
AMBULATORY ENCOUNTER RATES IN QUALIFIED HMOs*



* BY QUARTER AND ONE YEAR MOVING AVERAGES
 (data from qualified HMOs that have reported for 7 consecutive quarters)

TABLE 14: AMBULATORY ENCOUNTERS PER MEMBER PER YEAR BY
TYPE OF HMO MODEL AND PAYMENT SOURCE

	All Encounters	Medical Encounters	Mental Health Encounters	Dental Encounters	All Other Encounters
Group	4.3	4.0	.1	.1	.1
Medicaid	5.5	4.2	1/	.8	.5
Medicare	7.6	7.2	.2	-	.2
Other	4.2	3.9	.1	.1	.1
Staff	4.5	3.9	.1	.1	.4
Medicaid	3.8	3.1	.1	.2	.4
Medicare	11.3	9.7	.2	.1	1.1
Other	4.4	3.8	.1	.1	.3
IPA	4.6	4.2	.2	1/	.1
Medicaid	6.7	6.3	.4	1/	1/
Medicare	-	-	-	-	-
Other	4.2	3.9	.1	.1	.1

1/ Less than one-tenth of one percent.

- Not applicable

NOTE: The above table includes data from only the 19 qualified HMOs that reported for the entire year ending June 30, 1977.

TABLE 15: INPATIENT HOSPITAL DATA BY TYPE OF HMO MODEL AND PAYMENT SOURCE

	Hospital Days per 1,000 Members per Year	Average Length of Stay	Hospital Discharges per 1,000 Members per Year
Group	386	5.0	75
Medicaid	588	-	-
Medicare	1,835	11.5	87
Other	367	5.0	75
Staff	405	5.4	75
Medicaid	437	4.7	93
Medicare	1,692	8.5	199
Other	390	5.3	73
IPA	600	3.4	168
Medicaid	977	5.4	210
Medicare	-	-	-
Other	548	3.3	167

- Not applicable

NOTE: The above table includes data from only the 19 qualified HMOs that reported for the entire year ending June 30, 1977.

FINANCIAL DATA

Figure 5 shows actual income as a percent of actual expense by quarter for those HMOs that reported for seven consecutive quarters. As a group, they are consistently making progress toward the breakeven point where further Federal financial assistance will not be needed. During the fourth quarter of 1976, the actual income for these plans was 72 percent of their actual expenses. For the second quarter of 1977, their actual income was 87 percent of their actual expenses.

Of the 19 plans that reported for each quarter of the year ending June 30, 1977, the IPAs had the highest deficit per member month. The term "deficit" as used in this report refers to the difference between an HMO's operating expenses and its actual income. Those federally qualified HMOs in a deficit position have, through financial plans presented to DHEW, projected a 3 to 5 year deficit period. They have received Federal loan assistance under Title XIII of the Public Health Service Act and, based on their financial plans and other materials, have been found to be financially viable by DHEW.

This means that upon expiration of their loan assistance period they will no longer be in a deficit position and will therefore be able to operate without further assistance. Table 16 shows actual and planned income, expenses, and deficit by type of HMO model.

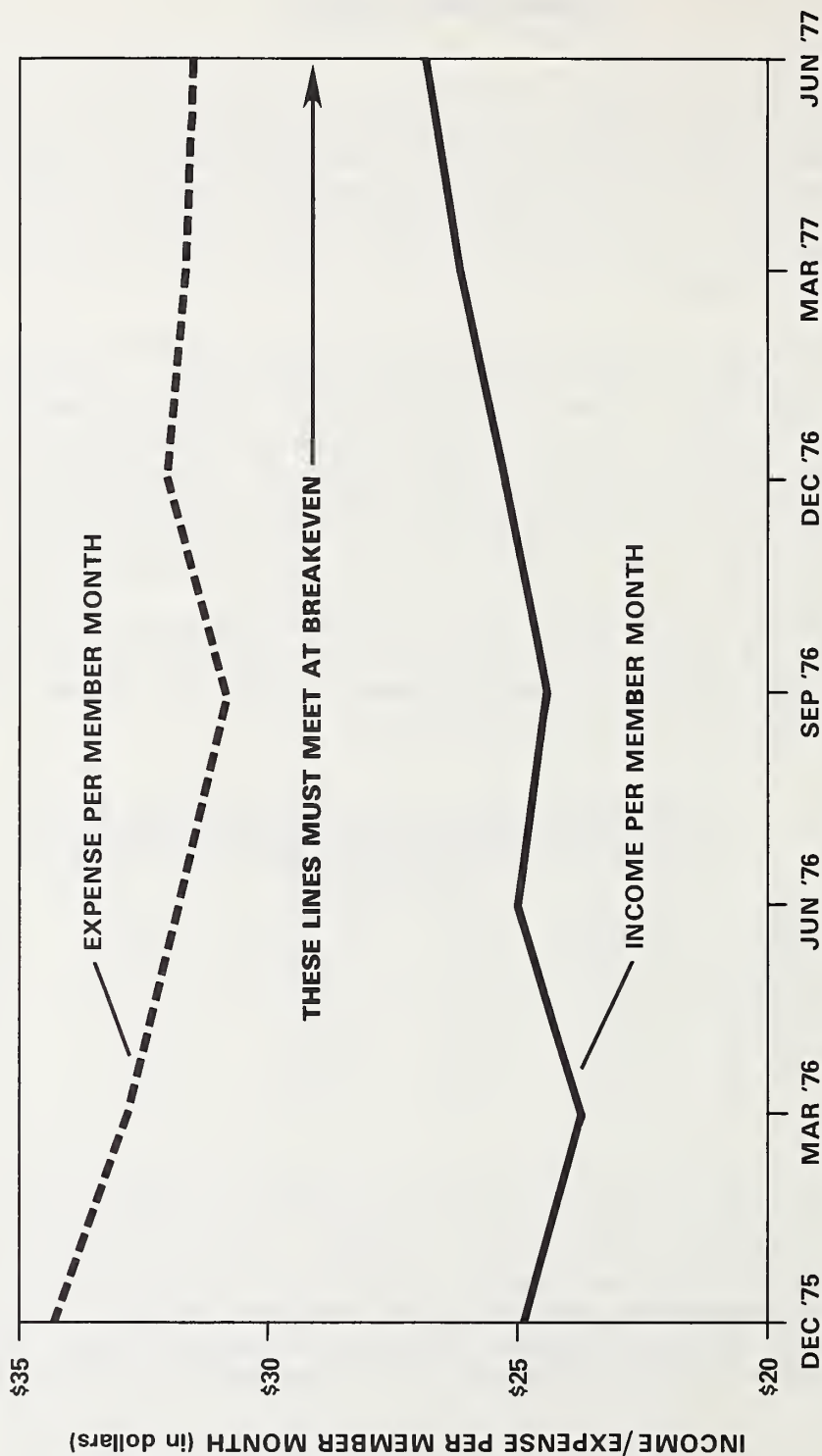
Table 16: Income, Expenses, and Deficit per Member Month
by Type of HMO Model for the Year Ending
June 30, 1977

	Actual Income	Planned Income	Actual Expenses	Planned Expenses	Actual Deficit	Planned Deficit
Group	\$24.87	\$25.27	\$30.10	\$30.56	\$5.23	\$5.29
Staff	26.33	25.52	31.28	29.97	4.95	4.45
IPA	25.53	26.13	32.26	33.26	6.73	7.13

Figures 4 and 5 show trends in income and expense per member month for those plans that reported for seven consecutive quarters. There is a general increase in income and a decrease in expenses. The net effect is a substantial decrease in the per member month deficit. Figure 6 shows that those HMOs that have been operational for less than three years have 10 percent lower income per member month and 10 percent higher expense per member month than those HMOs that have been operational for more than three years.

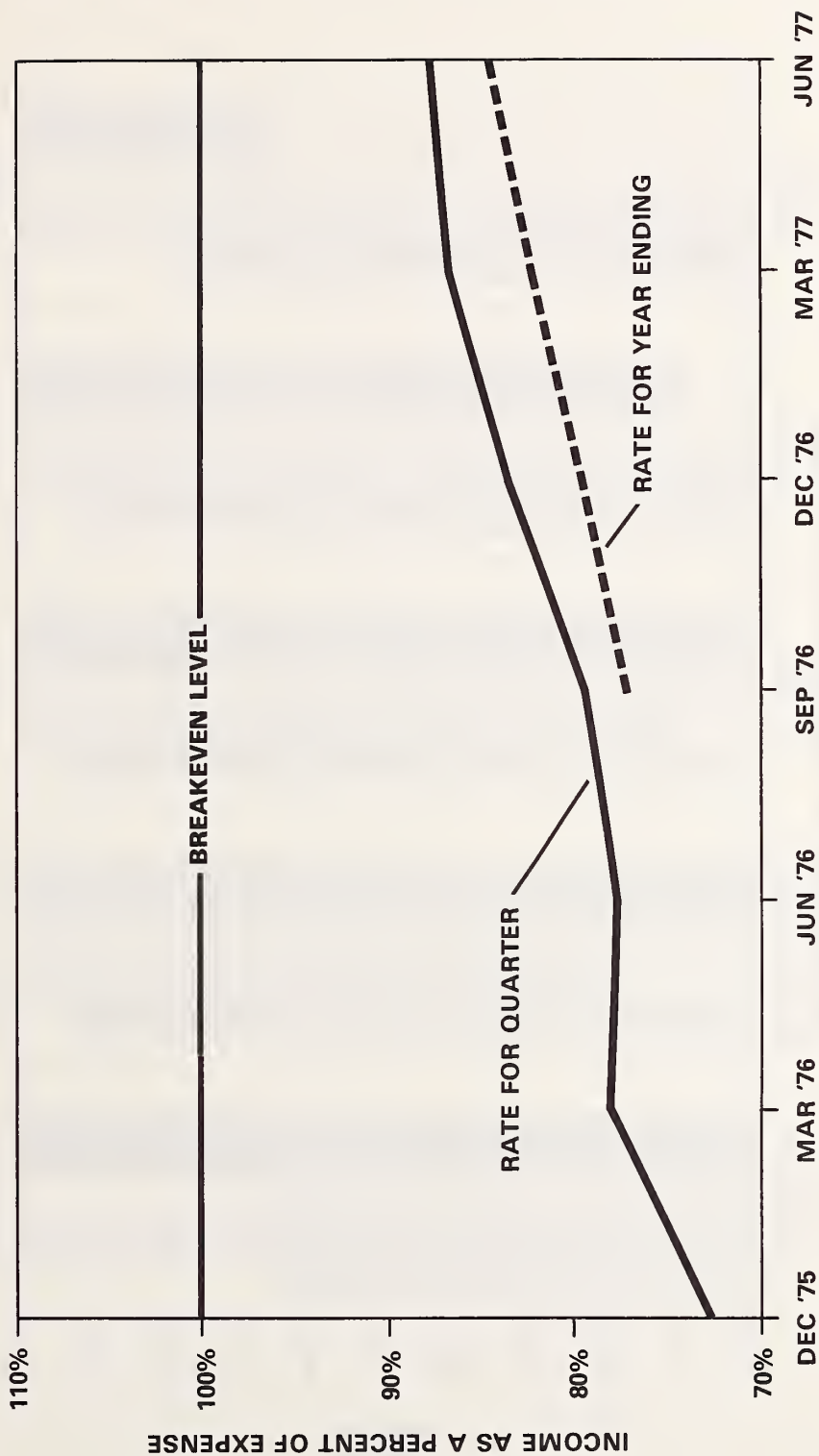
Figure 4

INCOME AND EXPENSE PER MEMBER MONTH IN QUALIFIED HMOs*



* BY QUARTER AND ONE YEAR MOVING AVERAGES
(data from qualified HMOs that have reported for 7 consecutive quarters)

Figure 5
INCOME AS A PERCENT OF EXPENSE IN QUALIFIED HMOs*



* BY QUARTER AND ONE YEAR MOVING AVERAGES
 (data from qualified HMOs that have reported for 7 consecutive quarters)

Figure 6

COMPARISON OF HMO UTILIZATION, EXPENSE, AND DEFICIT BY LENGTH OF TIME OPERATIONAL

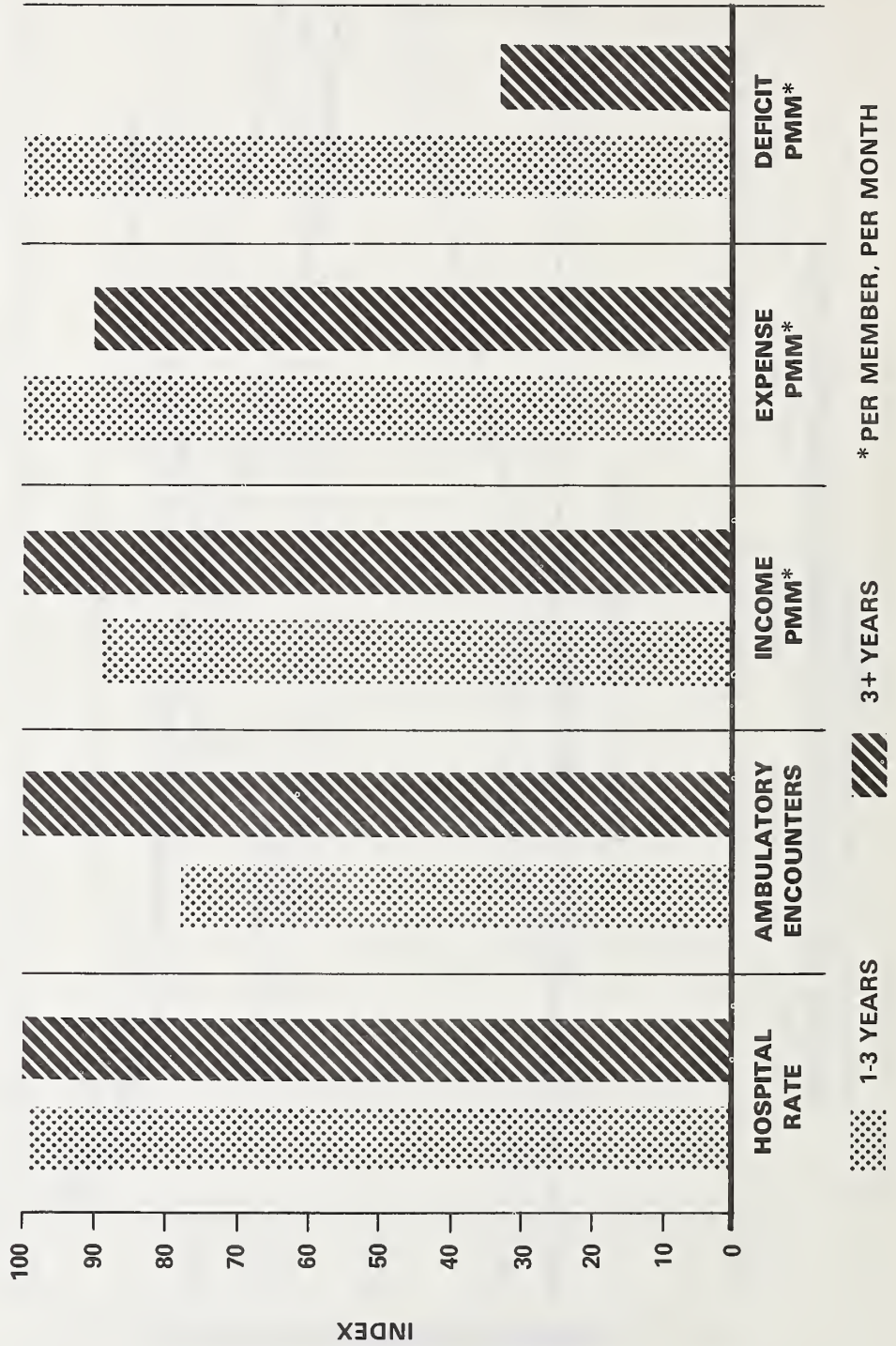
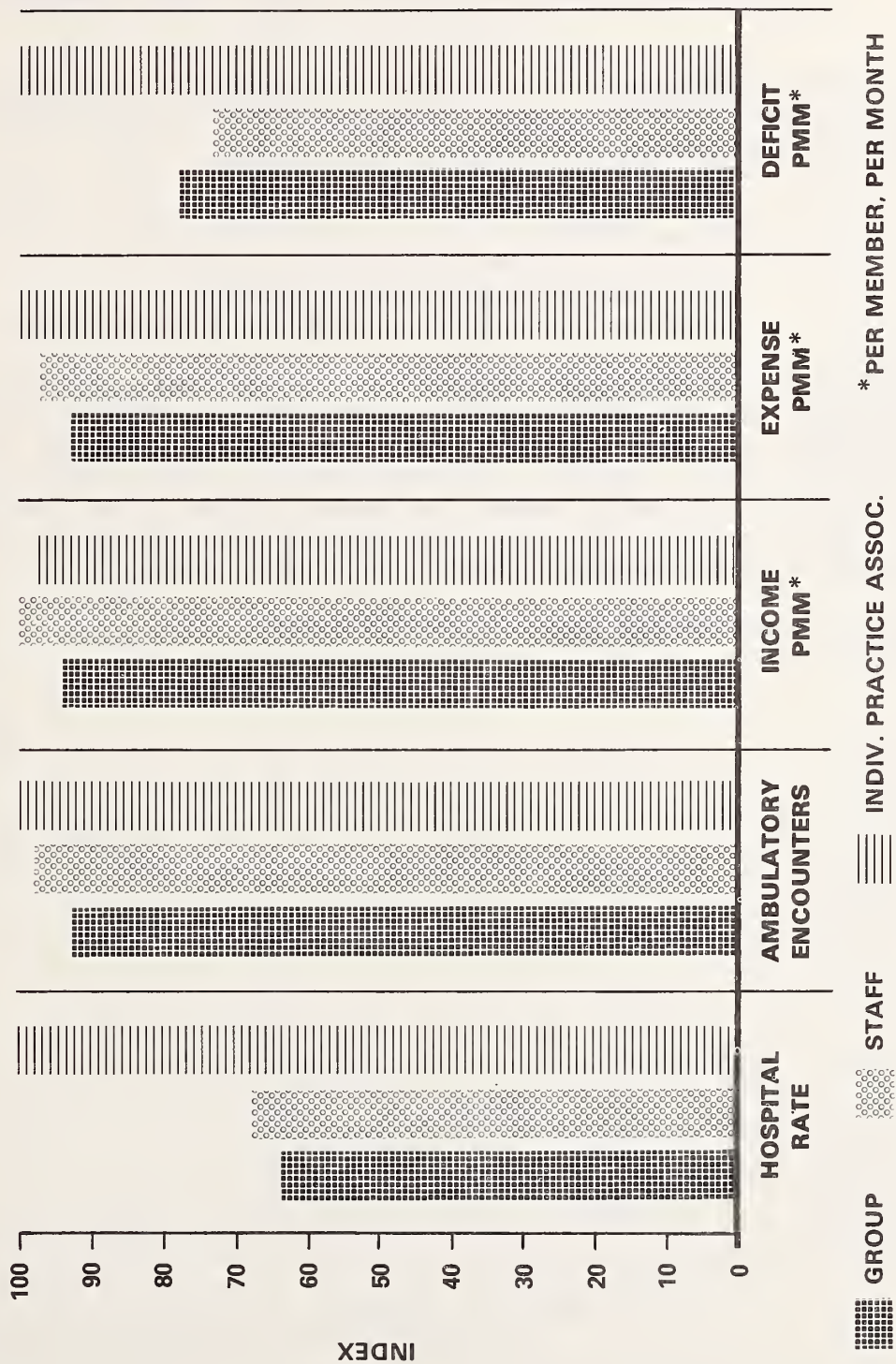


Figure 7
COMPARISON OF HMO UTILIZATION, EXPENSE, AND DEFICIT
BY TYPE OF HMO MODEL



NATIONAL HMO ACTIVITY - 1977 HMO CENSUS

In July 1977, several private organizations completed a National Census of prepaid plans or HMO-like plans. The consortium of organizations that conducted this Census included:

- Blue Cross Association
- Blue Shield
- Health Insurance Association of America
- Group Health Association of America
- American Association of Foundation Medical Care

There was a total of 165 such plans with slightly over 6.3 million members. The tables that follow show some general characteristics of these plans with respect to membership and utilization. In these tables, the utilization data of federally qualified HMOs may differ from that shown elsewhere in this report because the tables include plans that have been operational for less than a year and because the Census data cover different time periods than other data in this report.

Table 17 shows prepaid plan activity by State.

TABLE 17: PREPAID HEALTH CARE PLAN ACTIVITY BY STATE - SEPTEMBER 1977

State	HMO Act or Equivalent	Medicaid Contract	HEW-Supported HMO Projects Active 10/31/77 ^{2/}	Qualified HMOs	Prepaid Plans	Enrollment ^{1/}	
						Qualified HMOs	All Prepaid Plans
Alabama			1		1		624
Alaska							
Arizona	X				3		86,899
Arkansas	X				1		3,300
California	X	X	9	5	30	193,385	3,132,553
Colorado	X	X	4	3	5	31,320	112,272
Connecticut	X		3	2	3	25,053	45,403
Delaware							
Florida	X		3	3	5	12,155	95,174
Georgia			2				
Hawaii		X			3	104,785	157,201
Idaho	X		2	1	1	2,730	2,730
Illinois	X	X	5	3	12	30,844	133,042
Indiana				1	1	7,469	7,469
Iowa	X				1		
Kansas	X						
Kentucky	X	X	2	1	4	9,610	30,483
Louisiana			1		1		10,000
Maine	X	X			2		4,612
Maryland	X	X	4		2		27,000
Massachusetts	X	X	2	1	6	64,000	80,760
Michigan	X	X	6	1	5		136,583
Minnesota	X	X	2	1	9	14,901	179,105
Mississippi			1				
Missouri			3	1	4	6,918	59,383
Montana			1				
Nebraska			1		3		9,288
Nevada	X						
New Hampshire	X		1		1		2,100
New Jersey	X		7	4	6	20,726	35,017
New Mexico			2		2		21,750
New York	X	X	9	3	8	45,726	806,279
No. Carolina	X				1		10,000

^{1/} Qualified HMO enrollment as reported for September 1977.
Prepaid plan enrollment is as of July 1977.

^{2/} Grant supported projects qualified or pursuing qualification.

TABLE 17: PREPAID HEALTH CARE PLAN ACTIVITY BY STATE - SEPTEMBER 1977
(Continued)

State	HMO Act or Equivalent	Medicaid Contract	HEW-Supported HMO Projects Active 10/31/77 ^{2/}	Qualified HMOs	Prepaid Plans	Enrollment ^{1/}	
						Qualified HMOs	All Prepaid Plans
North Dakota	X		1				
Ohio	X		5	1	5	3,089	153,995
Oklahoma	X						
Oregon		X	3	1	5	8,933	236,430
Pennsylvania	X	X	5	3	7	26,551	71,727
Rhode Island	X	X	1	1	3	22,483	24,006
South Carolina	X	X		1	1	3,524	2,500
South Dakota	X						
Tennessee	X		1				
Texas	X		6	1 ^{3/}	4	8,045	18,243
Utah	X	X	1	1 ^{3/}	1	15,000	15,000
Vermont							
Virginia							
Washington	X	X	3	2	6	12,288	240,556
West Virginia	X		2		1		5,500
Wisconsin			2	1	11	879	266,676
Wyoming							
Dist. of Columbia		X	3	2 ^{3/}	3	134,924	146,673
Guam				1 ^{3/}	1	33,585	
Totals	33	18	104	43	167	734,138	6,373,728

^{1/} Qualified HMO enrollment as reported for September 1977.
Prepaid plan enrollment is as of July 1977.

^{2/} Grant supported projects qualified or pursuing qualification.

^{3/} Not included in totals because this is a branch of a
qualified HMO that is being counted in another State.

TABLE 18: NUMBER OF PREPAID PLANS AND TOTAL PREPAID ENROLLMENT
BY AGE OF PLAN - JULY 1977

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	1977 MEMBERSHIP
ALL PLANS.....	165	6,330,676
LESS THAN 1 YEAR.....	16	27,227
1 - 2 YEARS.....	34	213,142
3 - 9 YEARS.....	85	1,460,041
10 OR MORE YEARS.....	19	4,472,125
PLANS NOT RESPONDING TO HMO CENSUS...	11	158,141*

*Membership as of June 1976

TABLE 19: NUMBER OF PREPAID PLANS AND TOTAL PREPAID ENROLLMENT
BY TYPE OF SPONSOR - JULY 1977

TYPE OF SPONSOR	NUMBER OF PLANS	1977 MEMBERSHIP
ALL PLANS.....	165	6,330,676
PHYSICIAN.....	32	503,776
CARRIER.....	42	1,316,138
HOSPITAL.....	8	52,862
CONSUMER.....	53	3,867,853
UNION.....	3	43,856
UNIVERSITY.....	10	160,722
PUBLIC.....	4	26,696
OTHER.....	10	271,123
TYPE OF SPONSOR UNKNOWN.....	3	87,650

TABLE 20: NUMBER OF PREPAID PLANS AND TOTAL PREPAID ENROLLMENT
BY TYPE OF PRACTICE - JULY 1977

TYPE OF PRACTICE	NUMBER OF PLANS	1977 MEMBERSHIP
ALL PLANS.....	165	6,330,676
GROUP.....	106	5,708,130
IPA.....	40	413,852
NETWORK.....	14	186,044
OTHER.....	2	9,500
TYPE OF PRACTICE UNKNOWN.....	3	13,150

TABLE 21: NUMBER OF PREPAID PLANS AND TOTAL PREPAID ENROLLMENT
BY SIZE OF PLAN - JULY 1977

PREPAID PLAN SIZE GROUPINGS	NUMBER OF PLANS	1977 MEMBERSHIP
ALL PLANS.....	165	6,330,676
1 - 4,999.....	55	126,593
5,000 - 14,999.....	53	463,700
15,000 - 24,999.....	18	364,545
25,000 - 49,999.....	13	414,708
50,000 - 99,999.....	4	307,718
100,000 - OR MORE.....	11	4,495,271
PLANS NOT RESPONDING TO HMO CENSUS...	11	158,141

NOTE: Membership data for plans that did not report are as of June 1976

TABLE 22: NUMBER OF PREPAID PLANS AND HOSPITAL DAYS PER 1,000 MEMBERS
BY AGE OF PLAN - JULY 1977

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	HOSPITAL DAYS PER 1,000 MEMBERS (WEIGHTED)*	MEAN HOSPITAL DAYS PER 1,000 MEMBERS	MEDIAN HOSPITAL DAYS PER 1,000 MEMBERS
ALL PLANS.....	126	488	519	488
LESS THAN 1 YEAR...	6	349	392	369
1 - 2 YEARS.....	30	604	577	526
3 - 9 YEARS.....	75	477	509	493
10 OR MORE YEARS...	15	486	501	408

NOTE: This table includes only those plans that reported hospital utilization in the 1977 HMO Census

*Weighted by membership of plan

TABLE 23: NUMBER OF PREPAID PLANS AND HOSPITAL DAYS PER 1,000 MEMBERS
BY TYPE OF PRACTICE - JULY 1977

TYPE OF PRACTICE	NUMBER OF PLANS	HOSPITAL DAYS PER 1,000 MEMBERS (WEIGHTED)*	MEAN HOSPITAL DAYS PER 1,000 MEMBERS	MEDIAN HOSPITAL DAYS PER 1,000 MEMBERS
ALL PLANS.....	126	488	519	488
GROUP.....	82	482	500	458
IPA.....	31	583	605	531
NETWORK.....	11	484	462	425
OTHER.....	2	261	272	272

NOTE: This table includes only those plans that reported hospital utilization in the 1977 HMO Census

*Weighted by membership of plan

TABLE 24: NUMBER OF PREPAID PLANS AND HOSPITAL DAYS PER 1,000 MEMBERS
BY FEDERAL QUALIFICATION STATUS - JULY 1977

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	HOSPITAL DAYS PER 1,000 MEMBERS (WEIGHTED)*	MEAN HOSPITAL DAYS PER 1,000 MEMBERS	MEDIAN HOSPITAL DAYS PER 1,000 MEMBERS
ALL PLANS	126	488	519	488
FEDERALLY QUALIFIED	33	420	462	455
NOT FEDERALLY QUALIFIED.	93	495	539	502

NOTE: This table includes only those plans that reported hospital utilization in the 1977 HMO Census

*Weighted by membership of plan

TABLE 25: NUMBER OF PREPAID PLANS AND PHYSICIAN VISITS PER MEMBER
BY AGE OF PLAN - JULY 1977

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	PHYSICIAN VISITS PER MEMBER (WEIGHTED)*	MEAN PHYSICIAN VISITS PER MEMBER	MEDIAN PHYSICIAN VISITS PER MEMBER
ALL PLANS	119	3.8	3.9	3.8
LESS THAN	6	3.4	3.7	4.5
1 - 2 YEARS	27	3.7	3.7	3.7
3 - 9 YEARS	69	3.7	4.0	3.8
10 OR MORE YEARS	17	3.8	4.1	4.0

NOTE: This table includes only those plans that reported physician visits in the 1977 HMO Census

*Weighted by membership of plan

TABLE 26: NUMBER OF PREPAID PLANS AND PHYSICIAN VISITS PER MEMBER
BY TYPE OF PRACTICE - JULY 1977

TYPE OF PRACTICE	NUMBER OF PLANS	PHYSICIAN VISITS PER MEMBER (WEIGHTED)*	MEAN PHYSICIAN VISITS PER MEMBER	MEDIAN PHYSICIAN VISITS PER MEMBER
ALL PLANS.....	119	3.8	3.9	3.8
GROUP.....	79	3.8	4.0	3.8
IPA.....	29	3.3	3.5	3.2
NETWORK.....	10	4.1	4.1	4.2
OTHER.....	1	5.5	5.5	5.5

NOTE: This table includes only those plans that reported physician visits in the 1977 HMO Census

*Weighted by membership of plan

TABLE 27: NUMBER OF PREPAID PLANS AND PHYSICIAN VISITS PER MEMBER
BY FEDERAL QUALIFICATION STATUS - JULY 1977

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	PHYSICIAN VISITS PER MEMBER (WEIGHTED)*	MEAN PHYSICIAN VISITS PER MEMBER	MEDIAN PHYSICIAN VISITS PER MEMBER
ALL PLANS.....	119	3.8	3.9	3.8
FEDERALLY QUALIFIED.....	35	4.0	4.0	4.2
NOT FEDERALLY QUALIFIED...	84	3.8	3.9	3.8

NOTE: This table includes only those plans that reported physician visits in the 1977 HMO Census

*Weighted by membership of plan

PROFILES OF QUALIFIED HMOs

MAXI-CARE

Hawthorne, California

Plan Description

Qualification Date: 3/25/76

Sponsorship: Physician

Non-Metropolitan: No

Operational Date: 3/1/72

Type of Practice: IPA

MUA Priority: No

Membership Data as of 6/30/77

Total: 14,221

Medicaid: 2,437

Medicare: 105

Net Change for Year: 8,436

Average Members per Contract: 2.3

Utilization Data for Year Ending

6/30/77

Hospital Days per 1,000 Members: 380

Medical Encounters per Member: 3.8

Other Ambulatory Encounters per
Member: 0.9

Financial Data for Year Ending

6/30/77

Income per Member per Month: \$29.93

Expense per Member per Month: \$28.47

DHEW Assistance: None

FAMILY HEALTH PROGRAM

Long Beach, California

Plan Description

Qualification Date: 7/29/77

Sponsorship: Private

Non-Metropolitan: No

Operational Date: 1965

Type of Practice: Staff

MUA Priority: No

Membership Data as of 6/30/77

Total: 47,609

Medicaid: *

Medicare: 2,253

Net Change for Year: *

Average Members per Contract: *

Utilization Data for Year Ending

6/30/77

Hospital Days per 1,000 Members: 365

Medical Encounters per Member: 5.5

Other Ambulatory Encounters per
Member: *

Financial Data for Year Ending

6/30/77

Income per Member per Month: *

Expense per Member per Month: *

DHEW Assistance: None

*Plan has not been qualified long enough to submit required reports to DHEW.

NOTE: Family Health Programs in Long Beach, Guam, and Utah have been qualified as one HMO.

CMG HEALTH PLAN

Los Angeles, California

Plan Description

Qualification Date: 7/19/77

Sponsorship: *

Non-Metropolitan: No

Operational Date: 5/1/71

Type of Practice: Staff

MUA Priority: No

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 252

Medical Encounters per Member: *

Other Ambulatory Encounters per
Member: *Financial Data for Year Ending6/30/77

Income per Member per Month: *

Expense per Member per Month: *

Membership Data as of 6/30/77

Total: 108,144

Medicaid *

Medicare: *

Net Change for Year: *

Average Members per Contract: *

DHEW Assistance: None

*Plan has not been qualified long enough to submit required reports to DHEW.

FAMILY HEALTH SERVICES

Pomona, California

Plan Description

Qualification Date: 12/14/76

Sponsorship: Physician

Non-Metropolitan: No

Operational Date: 5/1/73

Type of Practice: IPA

MUA Priority: No

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 325

Medical Encounters per Member: 4.1

Other Ambulatory Encounters per
Member: 0.8Financial Data for Year Ending6/30/77

Income per Member per Month: \$30.65

Expense per Member per Month: \$41.93

Membership Data as of 6/30/77

Total: 11,547

Medicaid: 7,935

Medicare: 0

Net Change for Year: 516

Average Members per Contract: 2.5

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Loan	\$2,500,000	\$2,500,000

NOTE: Utilization, membership, and financial data are for the two-quarter period ending 6/30/77. The plan was not required to report for the previous two quarters. Utilization data have been annualized.

HEALTH ALLIANCE OF NORTHERN CALIFORNIA
San Jose, California

Plan Description

Qualification Date: 11/29/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 4/1/73
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 229
Medical Encounters per Member: 3.6
Other Ambulatory Encounters per
Member: 0.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$23.31
Expense per Member per Month: \$29.24

Membership Data as of 6/30/77

Total: 8,504
Medicaid: 965
Medicare: 0
Net Change for Year: 1,380
Average Members per Contract: 2.0

DHEW Assistance: Fiscal Year 1977
Title XIII Grants
Loan \$2,342,000

Cumulative
\$ 722,224
2,342,000

NOTE: Utilization, membership, and financial data are for the two-quarter period ending 6/30/77. The plan was not required to report for the previous two quarters. Utilization data have been annualized.

COLORADO HEALTH CARE SERVICES, INC.
Denver, Colorado

Plan Description

Qualification Date: 8/20/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 7/1/74
Type of Practice: IPA
MUA Priority: No

Utilization data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 656
Medical Encounters per Member: 5.3
Other Ambulatory Encounters per
Member: 0.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$26.54
Expense per Member per Month: \$40.16

Membership Data as of 6/30/77

Total: 5,075
Medicaid: 0
Medicare: 41
Net Change for Year: 3,186
Average Members per Contract: 2.0

DHEW Assistance: Fiscal Year 1977
Title XIII Grants
Loan

Cumulative
\$ 528,895
1,413,000

NOTE: Utilization, membership, and financial data are for the three-quarter period ending 6/30/77. The plan was not required to report for the previous quarter. Utilization data have been annualized.

CHOICE CARE HEALTH SERVICES

Fort Collins, Colorado

Plan Description

Qualification Date: 8/12/76

Sponsorship: Physician

Non-Metropolitan: No

Operational Date: 4/1/74

Type of Practice: IPA

MUA Priority: No

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 441

Medical Encounters per Member: 3.7

Other Ambulatory Encounters per

Member: 0.3

Financial Data for Year Ending6/30/77

Income per Member per Month: \$22.06

Expense per Member per Month: \$26.44

Membership Data as of 6/30/77

Total: 11,080

Medicaid: 1,790

Medicare: 0

Net Change for Year: 8,004

Average Members per Contract: 1.9

DHEW Assistance: Fiscal Year 1977

Title XIII Grants \$22,430

Loan

Cumulative

\$280,837

728,000

ROCKY MOUNTAIN HMO

Grand Junction, Colorado

Plan Description

Qualification Date: 12/29/75

Sponsorship: Physician

Non-Metropolitan: Yes

Operational Date: 1/1/74

Type of Practice: IPA

MUA Priority: Yes

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 691

Medical Encounters per Member: 5.0

Other Ambulatory Encounters per

Member: 0.3

Financial Data for Year Ending6/30/77

Income per Member per Month: \$27.27

Expense per Member per Month: \$30.37

Membership Data as of 6/30/77

Total: 10,310

Medicaid: 2,227

Medicare: 0

Net Change for Year: 1,020

Average Members per Contract: 1.8

DHEW Assistance: Fiscal Year 1977

Title XIII Grants

Loan

Cumulative

\$192,937

332,000

CONNECTICUT HEALTH PLAN
Bridgeport, Connecticut

Plan Description

Qualification Date: 3/15/77
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 3/1/77
Type of Practice: Staff
MUA Priority: Unknown

Membership Data as of 6/30/77

Total: 1,124
Medicaid: 0
Medicare: 0
Net Change for Year: 861
Average Members per Contract: 2.6

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>
Title XIII Grants	\$ 146,108
Loan	2,500,000

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 339
Medical Encounters per Member: 6.7
Other Ambulatory Encounters per
Member: 0.5

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$26.12
Expense per Member per Month: \$126.61*

*This number is unusually high because of startup costs and low membership base.

NOTE: Data on this plan are for the quarter ending 6/30/77. The plan was not required to report for the previous three quarters. Utilization data have been annualized.

COMMUNITY HEALTH CARE CENTER PLAN, INC.
New Haven, Connecticut

Plan Description

Qualification Date: 10/31/75
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 1/1/71
Type of Practice: Staff
MUA Priority: No

Membership Data as of 6/30/77

Total: 22,353
Medicaid: 0
Medicare: 778
Net Change for Year: 3,180
Average Members per Contract: 2.2

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>
Title XIII Grants	\$ 362,461
Loan	2,090,000

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 494
Medical Encounters per Member: 4.8
Other Ambulatory Encounters per
Member: 0.5

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$29.97
Expense per Member per Month: \$30.20

GEORGETOWN UNIVERSITY COMMUNITY HEALTH PLAN
Washington, D.C.

Plan Description

Qualification Date: 5/26/76
Sponsorship: Medical School
Non-Metropolitan: No
Operational Date: 9/1/73
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending

6/30/77

Hospital Days per 1,000 Members: 313
Medical Encounters per Member: 3.4
Other Ambulatory Encounters per
Member: 0.7

Membership Data as of 6/30/77

Total: 27,782
Medicaid: 772
Medicare: 0
Net Change for Year: 10,452
Average Members Per Contract: 2.4

Financial Data for Year Ending

6/30/77

Income per Member per Month: \$26.59
Expense per Member per Month: \$32.11

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$ 884,251
Loan		1,982,000

FLORIDA HEALTH CARE PLAN

Daytona Beach, Florida

Plan Description

Qualification Date: 8/20/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 8/1/74
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending

6/30/77

Hospital Days per 1,000 Members: 324
Medical Encounters per Member: 4.4
Other Ambulatory Encounters per
Member: 0.6

Membership Data as of 6/30/77

Total: 6,001
Medicaid: 0
Medicare: 0
Net Change for Year: 1,344
Average Members per Contract: 2.6

Financial Data for Year Ending

6/30/77

Income per Member per Month: \$21.65
Expense per Member per Month: \$31.64

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$ 124,456
Loan	\$612,000	2,058,000

NOTE: This plan was notified on May 26 that corrective action was necessary to bring it again in compliance with the fiscal viability requirements of the HMO Act. An acceptable action plan was submitted and the plan has been performing in accord with that plan.

AV-MED HEALTH PLAN, INC.
Miami, Florida

Plan Description

Qualification Date: 9/9/77
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 9/9/77
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: *
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Membership Data as of 6/30/77

Total: 12
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Loan Guarantee:	\$1,100,000	\$1,100,000

*Plan has not been qualified long enough to submit required reports to DHEW.

AMERICAN HEALTH PLAN
North Miami Beach, Florida

Plan Description

Qualification Date: 7/29/77
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 9/73
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 397**
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Membership Data as of 6/30/77

Total: 5,346**
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Loan	\$1,182,000	\$1,182,000

*Plan has not been qualified long enough to submit required reports to DHEW.

**These data are from the 1977 HMO Census.

FAMILY HEALTH PROGRAM

Tamuning, Guam

Plan Description

Qualification Date: 7/29/77

Sponsorship: Private

Non-Metropolitan: Unknown

Operational Date: 8/1/73

Type of Practice: Staff

MUA Priority: Unknown

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 274

Medical Encounters per Member: 3.2

Other Ambulatory Encounters per
Member: *Financial Data for Year Ending6/30/77

Income per Member per Month: *

Expense per Member per Month: *

Membership Data as of 6/30/77

Total: 33,585

Medicaid: *

Medicare: *

Net Change for Year: *

Average Members per Contract: *

DHEW Assistance: None

*Plan has not been qualified long enough to submit required reports to DHEW.

NOTE: Family Health Programs in Long Beach, Guam, and Utah have been qualified as one HMO.

GEM HEALTH ASSOCIATION

Boise, Idaho

Plan Description

Qualification Date: 6/27/77

Sponsorship: Consumer

Non-Metropolitan: No

Operational Date: 10/1/77

Type of Practice: Group

MUA Priority: No

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: *

Medical Encounters per Member: *

Other Ambulatory Encounters per
Member: *Financial Data for Year Ending6/30/77

Income per Member per Month: *

Expense per Member per Month: *

Membership Data as of 6/30/77

Total: 2,832

Medicaid: *

Medicare: *

Net Change for Year: *

Average Members per Contract: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants	\$ 185,276	\$1,124,634
Loan	1,735,000	1,735,000

*Plan has not been qualified long enough to submit required reports to DHEW.

HMO OF ILLINOIS, INC.
Chicago, Illinois

Plan Description

Qualification Date: 6/15/77
Sponsorship: Unknown
Non-Metropolitan: No
Operational Date: 6/15/77
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/77

Total: *
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: *
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

DHEW Assistance: None

*Plan has not been qualified long enough to submit required reports to DHEW.

INTERGROUP PREPAID HEALTH SERVICES, INC.
Chicago, Illinois

Plan Description

Qualification Date: 4/18/77
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 1/1/72
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/77

Total: 21,640
Medicaid: 0
Medicare: 0
Net Change for Year: 747
Average Members per Contract: *

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 580
Medical Encounters per Member: 3.6
Other Ambulatory Encounters per
Member: 0.4

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

DHEW Assistance: None

*Data not reported.

NOTE: Data on this plan are for the quarter ending 6/30/77. The plan was not required to report for the previous three quarters. Utilization data have been annualized.

NORTH COMMUNITIES HEALTH PLAN, INC.
Evanston, Illinois

Plan Description

Qualification Date: 11/11/75
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 5/1/75
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 543
Medical Encounters per Member: 3.3
Other Ambulatory Encounters per
Member: 0.1

Membership Data as of 6/30/77

Total: 8,972
Medicaid: 0
Medicare: 0
Net Change for Year: 2,256
Average Members per Contract: 1.9

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$25.91
Expense per Member per Month: \$35.84

DHEW Assistance: Fiscal Year 1977

Title XIII Grants
Loan

Cumulative

\$ 403,618
1,250,000

METRO HEALTH PLAN

Indianapolis, Indiana

Plan Description

Qualification Date: 1/31/77
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 11/1/74
Type of Practice: Staff
MUA Priority: Unknown

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 552
Medical Encounters per Member: 5.5
Other Ambulatory Encounters per
Member: 0.5

Membership Data as of 6/30/77

Total: 6,911
Medicaid: 0
Medicare: 0
Net Change for Year: 714
Average Members per Contract: 2.3

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$24.14
Expense per Member per Month: \$35.48

DHEW Assistance: Fiscal Year 1977

Loan

\$1,264,000

Cumulative

\$1,264,000

NOTE: Utilization, membership and financial data are for the two-quarter period ending 6/30/77. The plan was not required to report for the previous two quarters. Utilization data have been annualized.

HEALTHCARE OF LOUISVILLE, INC.
Louisville, Kentucky

Plan Description

Qualification Date: 4/2/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 7/1/74
Type of Practice: Staff
MUA Priority: Yes

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 581
Medical Encounters per Member: 3.9
Other Ambulatory Encounters per
Member: 0.2

Membership Data as of 6/30/77

Total: 8,402
Medicaid: 0
Medicare: 0
Net Change for Year: 2,724
Average Members per Contract: 2.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$19.12
Expense per Member per Month: \$30.69

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants	\$752,715	\$1,015,281
Loan		1,475,000

HARVARD COMMUNITY HEALTH PLAN
Allston, Massachusetts

Plan Description

Qualification Date: 9/1/77
Sponsorship: University
Non-Metropolitan: No
Operational Date: 10/69
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 350
Medical Encounters per Member: 4.2
Other Ambulatory Encounters per
Member: *

Membership Data as of 6/30/77

Total: 64,000
Medicaid: 350
Medicare: 2,700
Net Change for Year: *
Average Members per Contract: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

DHEW Assistance: None

*Plan has not been qualified long enough to submit required reports to DHEW.

GROUP HEALTH PLAN OF SOUTHEAST MICHIGAN
Warren, Michigan

Plan Description

Qualification Date: 9/1/77
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 9/20/77
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: *
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Membership Data as of 6/30/77

Total: *
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$1,223,500
Loan	\$2,500,000	2,500,000

*Plan has not been qualified long enough to submit required reports to DHEW.

SHARE HEALTH PLAN

St. Paul, Minnesota

Plan Description

Qualification Date: 6/30/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 1/1/74
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 449
Medical Encounters per Member: 3.6
Other Ambulatory Encounters per
Member: 0.2

Membership Data as of 6/30/77

Total: 11,922
Medicaid: 308
Medicare: 0
Net Change for Year: 1,764
Average Members per Contract: 2.6

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$24.57
Expense per Member per Month: \$27.48

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$500,000
Loan		850,000

PRIME HEALTH
Kansas City, Missouri

Plan Description

Qualification Date: 11/26/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 11/1/76
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 401
Medical Encounters per Member: 5.3
Other Ambulatory Encounters per
Member: 0.3

Membership Data as of 6/30/77

Total: 5,932
Medicaid: 0
Medicare: 0
Net Change for Year: 3,654
Average Members per Contract: 2.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$26.21
Expense per Member per Month: \$41.87

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$1,112,381
Loan	\$2,273,000	2,273,000

NOTE: Utilization, membership, and financial data are for the two-quarter period ending 6/30/77. The plan was not required to report for the previous two quarters. Utilization data have been annualized.

GROUP HEALTH PLAN OF NEW JERSEY
Guttenberg, New Jersey

Plan Description

Qualification Date: 6/27/77
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 4/1/77
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: *
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Membership Data as of 6/30/77

Total: *
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants	\$ 7,551	\$1,170,000
Loan	2,478,000	2,478,000

*Plan has not been qualified long enough to submit required reports to DHEW.

HEALTH CARE PLAN OF NEW JERSEY
Moorestown, New Jersey

Plan Description

Qualification Date: 5/27/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 6/1/76
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/77

Total: 4,042
Medicaid: 0
Medicare: 430
Net Change for Year: 3,588
Average Members per Contract: 2.3

DHEW Assistance: Fiscal Year 1977
Title XIII Grants
Loan

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 319
Medical Encounters per Member: 4.3
Other Ambulatory Encounters per
Member: 1.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$24.77
Expense per Member per Month: \$58.85

Cumulative
\$ 846,169
1,771,000

RUTGERS COMMUNITY HEALTH PLAN
New Brunswick, New Jersey

Plan Description

Qualification Date: 7/1/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 7/1/76
Type of Practice: Staff
MUA Priority: No

Membership Data as of 6/30/77

Total: 11,183
Medicaid: 0
Medicare: 0
Net Change for Year: 11,183
Average Members per Contract: 2.6

DHEW Assistance: Fiscal Year 1977
Title XIII Grants
Loan

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 186
Medical Encounters per Member: 2.4
Other Ambulatory Encounters per
Member: 0.5

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$20.32
Expense per Member per Month: \$28.40

Cumulative
\$1,125,000
2,000,000

CENTRAL ESSEX HEALTH PLAN
Orange, New Jersey

Plan Description

Qualification Date: 12/28/76
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 1/1/77
Type of Practice: Staff
MUA Priority: No

Membership Data as of 6/30/77

Total: 291
Medicaid: 0
Medicare: 0
Net Change for Year: 294
Average Members per Contract: 3.7

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>
Title XIII Grants	
Loan	\$2,178,000

Utilization Data for Year Ending

6/30/77
Hospital Days per 1,000 Members: 101
Medical Encounters per Member: 6.1
Other Ambulatory Encounters per
Member: 0.0

Financial Data for Year Ending

6/30/77
Income per Member per Month: \$282.08*
Expense per Member per Month: \$1,000.09*

	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$1,044,607
Loan	\$2,178,000	2,178,000

*These figures are unusually high because of startup costs and low membership base.

CAPITAL AREA COMMUNITY HEALTH PLAN
Albany, New York

Plan Description

Qualification Date: 12/6/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 1/1/77
Type of Practice: Staff
MUA Priority: No

Membership Data as of 6/30/77

Total: 6,703
Medicaid: 0
Medicare: 0
Net Change for Year: 6,703
Average Members per Contract: 2.4

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>
Title XIII Grants	
Loan	\$1,832,000

Utilization Data for Year Ending

6/30/77
Hospital Days per 1,000 Members: 351
Medical Encounters per Member: 4.7
Other Ambulatory Encounters per
Member: 0.5

Financial Data for Year Ending

6/30/77
Income per Member per Month: \$28.04
Expense per Member per Month: \$38.28

	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$1,095,404
Loan	\$1,832,000	1,832,000

NOTE: Utilization, membership, and financial data are for the two-quarter period ending 6/30/77. Both plans were not required to report for the previous two quarters. Utilization data have been annualized.

GENESEE VALLEY GROUP HEALTH ASSOCIATION

Rochester, New York

Plan Description

Qualification Date: 1/30/76

Sponsorship: Physician

Non-Metropolitan: No

Operational Date: 8/1/73

Type of Practice: Group

MUA Priority: No

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 321

Medical Encounters per Member: 4.7

Other Ambulatory Encounters per
Member: 0.2Financial Data for Year Ending6/30/77

Income per Member per Month: \$23.83

Expense per Member per Month: \$26.24

Membership Data as of 6/30/77

Total: 30,817

Medicaid: 0

Medicare: 446

Net Change for Year: 6,024

Average Members per Contract: 2.5

DHEW Assistance: Fiscal Year 1977

Title XIII Grants

Loan

Cumulative

\$ 298,500

2,500,000

WESTCHESTER COMMUNITY HEALTH PLAN

White Plains, New York

Plan Description

Qualification Date: 9/28/76

Sponsorship: Consumer

Non-Metropolitan: No

Operational Date: 10/1/76

Type of Practice: Staff

MUA Priority: No

Utilization Data for Year Ending6/30/77

Hospital Days per 1,000 Members: 433

Medical Encounters per Member: 4.5

Other Ambulatory Encounters per
Member: 1.7Financial Data for Year Ending6/30/77

Income per Member per Month: \$25.48

Expense per Member per Month: \$77.39

Membership Data as of 6/30/77

Total: 3,977

Medicaid: 0

Medicare: 0

Net Change for year: 3,978

Average Members per Contract: 2.2

DHEW Assistance: Fiscal Year 1977

Title XIII Grants

Loan

\$2,500,000

Cumulative

\$1,114,902

2,500,000

NOTE: Utilization, membership, and financial data are for the three-quarter period ending 6/30/77. The plan was not required to report for the previous quarter. Utilization data have been annualized.

MARION HEALTH FOUNDATION

Marion, Ohio

Plan Description

Qualification Date: 11/30/76
Sponsorship: Physician
Non-Metropolitan: Yes
Operational Date: 4/1/76
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/77

Total: 1,917
Medicaid: 0
Medicare: 0
Net Change for Year: 1,002
Average Members per Contract: 2.4

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants	\$ 74,936	\$419,115
Loan	681,000*	681,000*

*Loan was committed during F.Y. 1977, but has not yet been endorsed.

NOTE: Utilization, membership, and financial data are for the two-quarter period ending 6/30/77. The plan was not required to report for the previous two quarters. Utilization data have been annualized.

PORTLAND METRO HEALTH, INC.

Portland, Oregon

Plan Description

Qualification Date: 1/1/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 1/1/76
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/77

Total: 7,285
Medicaid: 0
Medicare: 0
Net Change for Year: 5,088
Average Members per Contract: 2.1

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$ 455,188
Loan	\$1,500,000	2,500,000

Utilization Data for Year Ending

6/30/77
Hospital Days per 1,000 Members: 514
Medical Encounters per Member: 5.5
Other Ambulatory Encounters per Member: 1.0

Financial Data for Year Ending

6/30/77
Income per Member per Month: \$31.81
Expense per Member per Month: \$27.90

Utilization Data for Year Ending

6/30/77
Hospital Days per 1,000 Members: 606
Medical Encounters per Member: 3.2
Other Ambulatory Encounters per Member: 0.4

Financial Data for Year Ending

6/30/77
Income per Member per Month: \$26.48
Expense per Member per Month: \$44.10

HEALTH SERVICES PLAN OF PENNSYLVANIA
Philadelphia, Pennsylvania

Plan Description

Qualification Date: 4/26/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 4/1/74
Type of Practice: Group
MUA Priority: Unknown

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 592
Medical Encounters per Member: 3.9
Other Ambulatory Encounters per
Member: 0.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$23.52
Expense per Member per Month: \$58.76

Membership Data as of 6/30/77

Total: 4,780
Medicaid: 0
Medicare: 8
Net Change for Year: 4,296
Average Members per Contract: 2.4

DHEW Assistance: Fiscal Year 1977
Loan

Cumulative
\$2,213,000

PENN GROUP HEALTH PLAN, INC.
Pittsburgh, Pennsylvania

Plan Description

Qualification Date: 11/28/75
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 9/1/75
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 392
Medical Encounters per Member: 2.3
Other Ambulatory Encounters per
Member: 0.2

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$21.63
Expense per Member per Month: \$27.06

Membership Data as of 6/30/77

Total: 13,483
Medicaid: 0
Medicare: 0
Net Change for Year: 10,536
Average Members per Contract: 2.6

DHEW Assistance: Fiscal Year 1977
Title XIII Grants
Loan

Cumulative
\$ 602,439
1,000,000

HMO OF PENNSYLVANIA
Willow Grove, Pennsylvania

Plan Description

Qualification Date: 6/17/77
Sponsorship: Unknown
Non-Metropolitan: No
Operational Date: 1/77
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 485
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Membership Data as of 6/30/77

Total: 3,460
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants	\$ 238,570	\$ 815,106
Loan	2,500,000	2,500,000

*Plan has not been qualified long enough to submit required reports to DHEW.

RHODE ISLAND GROUP HEALTH ASSOCIATION, INC.
North Providence, Rhode Island

Plan Description

Qualification Date: 10/30/75
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 1/1/70
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 391
Medical Encounters per Member: 3.6
Other Ambulatory Encounters per
Member: 1.1

Membership Data as of 6/30/77

Total: 21,995
Medicaid: 133
Medicare: 594
Net Change for Year: 4,416
Average Members per Contract: 2.4

Financial Data for Year Ending
6/30/77

Income per Member per Month: \$27.34
Expense per Member per Month: \$29.06

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$1,050,000
Loan		2,000,000

PIEDMONT HEALTH CARE CORPORATION
Greenville, South Carolina

Plan Description

Qualification Date: 12/29/75
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 10/30/72
Type of Practice: Staff
MUA Priority: Unknown

Membership Data as of 6/30/77

Total: 2,781
Medicaid: 0
Medicare: 0
Net Change for Year: 2,052
Average Members per Contract: 2.8

Utilization Data for Year Ending

6/30/77
Hospital Days per 1,000 Members: 537
Medical Encounters per Member: 5.1
Other Ambulatory Encounters per
Member: 0.1

Financial Data for Year Ending

6/30/77
Income per Member per Month: \$33.00
Expense per Member per Month: \$40.24

DHEW Assistance: None

PRUDENTIAL HEALTH CARE PLAN

Houston, Texas

Plan Description

Qualification Date: 6/2/76
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 7/1/76
Type of Practice: Group
MUA Priority: No

Membership Data as of 6/30/77

Total: 6,541
Medicaid: 0
Medicare: 0
Net Change for Year: 6,540
Average Members per Contract: 2.3

Utilization Data for Year Ending

6/30/77
Hospital Days per 1,000 Members: 504
Medical Encounters per Member: 4.2
Other Ambulatory Encounters per
Member: 0.1

Financial Data for Year Ending

6/30/77
Income per Member per Month: \$27.23
Expense per Member per Month: \$32.24

DHEW Assistance: None

FAMILY HEALTH PROGRAM
Salt Lake City, Utah

Plan Description

Qualification Date: 7/29/77
Sponsorship: Private
Non-Metropolitan: No
Operational Date: 1/1/76
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: 455
Medical Encounters per Member: 4.3
Other Ambulatory Encounters per
Member: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

Membership Data as of 6/30/77

Total: 15,000
Medicaid: 4,223
Medicare: 132
Net Change for Year: *
Average Members per Contract: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$32,357

*Plan has not been qualified long enough to submit required reports to DHEW.

NOTE: Family Health Programs in Long Beach, Guam, and Utah have been qualified as one HMO.

COOPERATIVE HEALTH PLAN OF GREATER SPOKANE
Spokane, Washington

Plan Description

Qualification Date: 8/30/77
Sponsorship: Private (Consumer)
Non-Metropolitan: No
Operational Date: 8/1/77
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending
6/30/77

Hospital Days per 1,000 Members: *
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Financial Data for Year Ending
6/30/77

Income per Member per Month: *
Expense per Member per Month: *

Membership Data as of 6/30/77

Total: *
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$1,172,480
Loan	\$2,500,000	2,500,000

*Plan has not been qualified long enough to submit required reports to DHEW.

SOUND HEALTH ASSOCIATION
Tacoma, Washington

Plan Description

Qualification Date: 1/23/76
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 4/1/74
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending

6/30/77

Hospital Days per 1,000 Members: 431
Medical Encounters per Member: 4.3
Other Ambulatory Encounters per
Member: 0.4

Financial Data for Year Ending

6/30/77

Income per Member per Month: \$25.98
Expense per Member per Month: \$35.55

Membership Data as of 6/30/77

Total: 8,456
Medicaid: 1,183
Medicare: 0
Net Change for Year: 4,536
Average Members per Contract: 2.2

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants		\$ 304,738
Loan	\$1,272,000	2,500,000

GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN

Madison, Wisconsin

Plan Description

Qualification Date: 6/27/77
Sponsorship: Consumer
Non-Metropolitan: No
Operational Date: 12/1/75
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending

6/30/77

Hospital Days per 1,000 Members: 451
Medical Encounters per Member: *
Other Ambulatory Encounters per
Member: *

Financial Data for Year Ending

6/30/77

Income per Member per Month: *
Expense per Member per Month: *

Membership Data as of 6/30/77

Total: 879
Medicaid: *
Medicare: *
Net Change for Year: *
Average Members per Contract: *

<u>DHEW Assistance:</u>	<u>Fiscal Year 1977</u>	<u>Cumulative</u>
Title XIII Grants	\$ 125,000	\$1,250,000
Loan	2,500,000	2,500,000

*Plan has not been qualified long enough to submit required reports to DHEW.

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